

JUN 05 2007

HARNESS, DICKEY & PIERCE, P.L.C.

Attorneys and Counselors
 11730 Plaza America Drive, Suite 600,
 Reston, Virginia 20190
 P.O. Box 8910, Reston, Virginia 20195
 Phone: (703) 668-8000
 Fax: (703) 668-8200

Fax

To: U.S. Patent & Trademark Office From: Thomas S. Auchterlonie

Fax: 571-273-8300 Date: June 5, 2007

Pages: 12 (including cover sheet)

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Applicant: Woo-Hyong LEE	Case No.: 8947-000065/US
Serial No.: 10/674,277	Filing Date: September 30, 2003
Title: METHOD AND APPARATUS FOR DYNAMIC MEMORY MANAGEMENT IN OBJECT ORIENTED PROGRAM	
Attached are the following documents.	
<ul style="list-style-type: none"> • Transmittal • Fee Transmittal • Amendment Under 37 C.F.R. §§1.111-1.112 • Petition for Extension of Time for One (1) Month, included in Amendment 	
Due: June 6, 2007	Atty: TSA/cm
Filed: June 5, 2007	

JUN 05 2007

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → +

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/674,277
	Filing Date	September 30, 2003
	Inventor(s)	Woo-Hyong LEE
	Group Art Unit	2186
	Examiner Name	Pierre Michele BATAILLE
	Attorney Docket Number	8947-000065/US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request, included in Amendment <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks MAIL STOP: AMENDMENT		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
Signature	Thomas S. Auchterlonie		37,275
Date	June 5, 2007		

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Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2007</h3> <p style="font-size: small; margin: 5px 0;">Effective 2/8/2006. Patent fees are subject to annual revision.</p>		<p style="font-size: x-small; margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/674,277</td> </tr> <tr> <td>Filing Date</td> <td>September 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Woo-Hyong LEE</td> </tr> <tr> <td>Examiner Name</td> <td>Pierre Michele BATAILLE</td> </tr> <tr> <td>Art Unit</td> <td>2186</td> </tr> <tr> <td>Attorney Docket No.</td> <td>8947-000065/US</td> </tr> </table>		Application Number	10/674,277	Filing Date	September 30, 2003	First Named Inventor	Woo-Hyong LEE	Examiner Name	Pierre Michele BATAILLE	Art Unit	2186	Attorney Docket No.	8947-000065/US
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED CENTRAL FAX CENTER JUN 05 2007 </div>													
TOTAL AMOUNT OF PAYMENT (\$) 120															

<p style="font-size: x-small; margin: 0;">METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>08-0750</td> </tr> <tr> <td>Deposit Account Name</td> <td>Hamess, Dickey & Pierce, PLC</td> </tr> </table> <p style="font-size: x-small; margin: 5px 0;">The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>					Deposit Account Number	08-0750	Deposit Account Name	Hamess, Dickey & Pierce, PLC	<p style="font-size: x-small; margin: 0;">FEE CALCULATION (continued)</p>																																																																																																																																																																																																																				
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<p style="font-size: x-small; margin: 0;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>13</td> <td>-20 **</td> <td>5</td> <td>-8 **</td> <td>1</td> <td>-2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 0</td> </tr> </table>					Total Claims		Independent Claims		Multiple Dependent		Extra Claims		Fee from below		Fee Paid														13	-20 **	5	-8 **	1	-2	0	0	0	0	0	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims over original patent		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 0	<p style="font-size: x-small; margin: 0;">4. SEARCH/EXAMINATION FEES</p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1111</td> <td>500</td> <td>2111</td> <td>250</td> <td>Utility Search Fee</td> <td></td> </tr> <tr> <td>1112</td> <td>100</td> <td>2112</td> <td>50</td> <td>Design Search Fee</td> <td></td> </tr> <tr> <td>1113</td> <td>300</td> <td>2113</td> <td>150</td> <td>Plant Search Fee</td> <td></td> </tr> <tr> <td>1114</td> <td>500</td> <td>2114</td> <td>250</td> <td>Reissue Search Fee</td> <td></td> </tr> <tr> <td>1311</td> <td>200</td> <td>2311</td> <td>100</td> <td>Utility Examination Fee</td> <td></td> </tr> <tr> <td>1312</td> <td>130</td> <td>2312</td> <td>65</td> <td>Design Examination Fee</td> <td></td> </tr> <tr> <td>1313</td> <td>160</td> <td>2313</td> <td>80</td> <td>Plant Examination Fee</td> <td></td> </tr> <tr> <td>1314</td> <td>600</td> <td>2314</td> <td>300</td> <td>Reissue Examination Fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (4)</td> <td>(\$) 0</td> </tr> </table>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1111	500	2111	250	Utility Search Fee		1112	100	2112	50	Design Search Fee		1113	300	2113	150	Plant Search Fee		1114	500	2114	250	Reissue Search Fee		1311	200	2311	100	Utility Examination Fee		1312	130	2312	65	Design Examination Fee		1313	160	2313	80	Plant Examination Fee		1314	600	2314	300	Reissue Examination Fee		SUBTOTAL (4)					(\$) 0																																																																		
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Name (Print/Type)	Thomas S. Auchterlone			Registration No. (Attorney/Agent)	37,275		
Signature				Telephone	(703) 668-8000		
				Date	June 5, 2007		

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